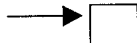


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PTO/SB/01 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	IDT-1641
	First Named Inventor	Eric Lee
	<i>COMPLETE IF KNOWN</i>	
	Application Number	Filed Herewith
	Filing Date	Filed Herewith
	Group Art Unit	unknown
	Examiner Name	unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Conformal Surface Silicide Strap On Spacer And Method Of Making Same

(Title of the Invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
N/A		

(Page 1 of 2)

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
N/A		

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 027158  Place Customer

QR

Place Customer
Number Bar
Code Label here

Registered parameters (7) Name			
Name	Registration Number	Name	Registration Number

Direct all correspondence to: ☒ Customer Number

027158

 OR ☐ Correspondence address below

Name	E. Eric Hoffman						
Address	BEVER, HOFFMAN & HARMS, LLP						
Address	2099 Gateway Place, Suite 320						
City	San Jose			State	CA	ZIP	95110-1017
Country		Telephone	+1 (408) 451-5903		Fax	+1 (408) 451-5908	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))					Family Name or Surname				
Eric					Lee				
Inventor's Signature							Date		1/22/01
Residence: City		Vancouver	State	WA	Country	US	Citizenship		US
Post Office Address		2600 NE Minnehaha St.							
Post Office Address									
City		Vancouver	State	WA	ZIP	98665	Country		US
<input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:									

Table 1. Demographic characteristics of the study population	
Age (years)	50.0 ± 10.0
Gender	
Male	50.0%
Female	50.0%
Marital status	
Married	80.0%
Single	20.0%
Education level	
High school or above	90.0%
Below high school	10.0%
Occupation	
White collar	60.0%
Blue collar	40.0%
Income (USD/month)	
< 1000	10.0%
1000-2000	30.0%
2000-3000	40.0%
> 3000	20.0%
Health status	
Good	80.0%
Not good	20.0%
Smoking status	
Smoker	30.0%
Non-smoker	70.0%
Alcohol consumption	
Regular	10.0%
Occasional	20.0%
Never	70.0%
Family size	
1-2	30.0%
3-4	40.0%
5 or more	30.0%
Health insurance	
Yes	90.0%
No	10.0%
Chronic diseases	
Hypertension	20.0%
Diabetes	10.0%
Heart disease	15.0%
Other	5.0%
Medication use	
Regular	30.0%
Occasional	20.0%
Never	50.0%

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PTO/SB/02A (3-97)

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Dave				Cobert				
Inventor's Signature					Date		1/22/01	
Residence: City		Hillsboro	State	OR	Country	US	Citizenship	
Post Office Address		6844 NE Vinings Way #2213						
Post Office Address								
City		Hillsboro	State	OR	ZIP	97124	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Wanqing				Cao				
Inventor's Signature					Date		1/22/01	
City		Portland	State	OR	Country	US	Citizenship	
Post Office Address		14046 NW Tradewind Street						
Post Office Address								
City		Portland	State	OR	ZIP	97229	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature					Date			
City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

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